

TITLE COMPANIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2008

| (1) Check- List | (2) Line # | (3) REQUIRED FILING FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|-----------------------|------------------|---|--------------------------|------|---------|------------------------|-------------------------|----------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 ½" x 14") | 3 | EO | xxx | 3/1 | NAIC | G, H(a), I, J, K(a), L |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E25) | 3 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | G, H(a), I, J, K(a), L |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 11 | Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | |
| | 12 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | K(a) |
| | 13 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | M |
| | 14 | Statement of Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | G, K(a) |
| | 15 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | K(a) |
| | 16 | Supplemental Schedule of Business Written By Agency | 2 | EO | xxx | 4/1 | NAIC | K(a) |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 40 | Annual Statement Electronic Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 41 | March .PDF Filing | xxx | 1 | xxx | 3/1 | NAIC | |
| | 42 | Supplemental Electronic Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 43 | Supplemental .PDF Filing | xxx | 1 | xxx | 4/1 | NAIC | |
| | 44 | Quarterly Electronic Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 45 | Quarterly .PDF Filing | xxx | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 46 | June .PDF Filing | xxx | 1 | xxx | 6/1 | NAIC | |
| | | IV. AUDITED FINANCIAL STATEMENTS | | | | | | |
| | 51 | Accountants Letter of Qualifications | 2 | N/A | N/A | 6/1 | Company | K(a), N(c) |
| | 52 | Audited Financial Statements | 2 | EO | xxx | 6/1 | Company | J, K(a) |
| | 53 | Audited Financial Statements Exemption Affidavit | xxx | N/A | N/A | | Company | |
| | 54 | Independent CPA | xxx | N/A | N/A | | Company | |
| | 55 | Notification of Adverse Financial Condition | 2 | N/A | N/A | 6/1 | Company | |
| | 56 | Report of Significant Deficiencies in Internal Controls | 2 | N/A | N/A | 8/1 | Company | K(a), R |
| | 57 | Request for Exemption to File | 1 | N/A | N/A | 5/1 | Company | J |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Filings Checklist (with Column 1 completed) | xxx | 1 | xxx | | State | N(b) |
| | 102 | State Filing Fees | xxx | 0 | xxx | | State | O |
| | 103 | Signed Jurat | xxx | xxx | 1 | 3/1, 5/15, 8/15, 11/15 | NAIC | K(b), L |
| | 104 | Application for Renewal of C of A | 1 | 0 | 1 | 3/1 | State | H(b) |
| | 105 | Title Premium Reserve | 1 | xxx | xxx | 3/1 | State | K(a) |
| | 106 | Updated Biographical Affidavits | 1 | xxx | N/A | 3/1 | Company | Domestic Only |
| | 107 | Form B&C – Holding Company Registration | 1 | xxx | xxx | 4/15 | Company | K(a), S |
| | 108 | Form B Inter-company Agreement Supplement | 1 | xxx | xxx | 4/15 | State | K(a), S |
| | 109 | Basket Clause Statement | 1 | xxx | xxx | 3/1 | State | K(a), T |

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.